

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/700417	FILING DATE
APPLICANT(S)		

5 31105 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
2			/			
3			/			
4			/			
5			/			
6			/			
7			/			
8			/			
9			/			
10			/			
11			/			
12			/			
13			/			
14			/			
15			/			
16			/			
17			/			
18			/			
19			/			
20			/			
21			/			
22			/			
23			/			
24			/			
25			/			
26			/			
27			/			
28			/			
29			/			
30			/			
31			/			
32			/			
33			/			
34			/			
35			/			
36			/			
37			/			
38			/			
39		/				
40		/				
41		/				
42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51		/						
52		/						
53		/						
54		/						
55		/						
56		/						
57								
58								
59								
60								
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.	2							
TOTAL DEP.	54							
TOTAL CLAIMS	56							